



Maryland Department of Budget & Management

*DBM – people and technology...
a partnership for the new millennium*

Office of Personnel Services and Benefits

ROBERT L. EHRLICH, JR.
Governor

MICHAEL S. STEELE
Lieutenant Governor

JAMES C. DIPAULA
Secretary

MEMORANDUM

October 24, 2003

TO: Executive Branch Cabinet Secretaries and
Heads of Independent State Agencies

FROM: Andrea M. Fulton, Executive Director

RE: **Emergency Release Contact Designees for 2003-2004**

The Department of Budget and Management's Office of Personnel Services and Benefits (OPSB) is updating its annual listing of emergency release contact designees. These individuals are essential for implementing a prompt and effective notification system to alert employees when there is an emergency closing of State facilities due to weather conditions.

Please complete the enclosed form and fax it by the close of business on Friday, November 7, 2003 to Camilla Kelmer at FAX # 410-333-7227. Once we receive the completed form, we will provide the agency Emergency Release Contact Designees with OPSB's CONFIDENTIAL Voice Mailbox number so they can access information concerning emergency release determinations.

For your information, once OPSB is notified of a weather-related emergency closing or emergency release, we will post it on our web site at www.dbm.state.md.us. To access this information, click on "Employee Services" and scroll down to the bottom of the page under "Additional Employee Services Links" and click on: **Weather Related Closings of State Facilities and Emergency Information.**

If you have any questions, please call Mr. James Fox at 410-767-5846 or Ms. Camilla Kelmer at 410-767-4627. Thank you, in advance, for your cooperation in this matter.

AMF:cjk

Enclosure: 2003-2004 Emergency Release Contact Designee Update Form

cc: Executive Branch Personnel Directors (no enc.)

EMERGENCY RELEASE CONTACT DESIGNEES FOR 2003-2004
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(PLEASE PRINT OR TYPE)

AGENCY: _____

ADDRESS: _____

FAX #: (_____) _____

	<i>PRIMARY DESIGNEE</i>	<i>ALTERNATE</i>
NAME:		
TITLE:		
OFFICE #:		
HOME #:		
PAGER #:		
CELL #:		
E-MAIL:		

COMPLETED BY: _____

PHONE #: (_____) _____ **DATE:** _____

<p><u>PLEASE FAX THE COMPLETED FORM BY THE CLOSE OF BUSINESS ON</u> <u>FRIDAY, NOVEMBER 7, 2003 TO:</u> Camilla Kelmer (FAX #: 410-333-7227)</p>
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